PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

OCT 24 2018

| I. Name of Lobi | byist(s)And | NEW HAMPSHIRE | | | | |
|--------------------------------------|--------------------------------|--------------------------------|---|------------------|---------------------------|-------|
| II. Nama of lab | hvistis na utu ausl | in firm or corneration | ifony | | DEPARTMENT OF | STATE |
| II. Name of looi | byist's partnersi | iip, firm or corporation | , п апу: | | | |
| | Preti Strategi | | | | | |
| | (Name of partner | ship, firm or corporation) | | | • | |
| 57 N Main St | | Concord | | NH | 03301 | |
| Business Address: | (Street) | (Town/Cit | ty) (S | tate) | (Zip Code) | |
| (603) 410-1 | 588 | () | e-mail | ahosmer@ | preti.com | |
| (Teleph | none) | • | (Fax) | | | |
| III. This statem | ent covers: (Cho | oose one – file separate r | reports for each client. | OR vou mav | file a separate report fo | or |
| | | which are not attribute | | | | |
| | | | | | | |
| ☐ All reportabl | le transactions oc | curring in the months pric | or to the reporting date re | elative to the f | following client: | |
| | | New Hampshire M | Medical Society | | | |
| | (Full Nam | e of Client as it appears on t | | orm) | | |
| <u>OR</u> | | • | | | | |
| • | • | the lobbyist (including th | e lobbyist's family), or t | he lobbying fi | rm listed below which a | re |
| unrelated to any | particular client. | | | | | |
| TV D 4 - (CD- | | 2010 🗆 | T 1 05 06 | | • | |
| IV. Date of Rep Reports cover: | | , 2018 | July 25, 20 <i>activity from 4/1/1</i> | | | |
| noports cover. | | 31, 2018 | January 30 | _ | | |
| | | 17/1/18 to 9/30/18 | activity from 10/1 | | ! | |
| | | . 1 | | | | |
| | | eceived and no report | | | <u>-</u> | |
| ij inis box is cne Concord, NH 03 | | st this form and submit it | t to the Secretary of State | e's Office, Stat | te House, Koom 204, | |
| 00110014, 1111 05 | 301. | | | | | |
| | ditional reports | | | | | |
| • | | nade expenditures, you m | | - | | |
| | | m or reimbursed expense | es, you must file Addend | lum B– Repor | rt of Honorariums or | |
| Expense Reimbu | | nily has made political co | ntributions you must file | e Addendum | C- Political Contributio | ne |
| - If you, your | inin, or your rain | my has made pointear co. | nulbutions, you must me | c Addendam | C- Folitical Contributio | 113 |
| • | | | | | | |
| Sworn Statemen | nt/Affirmation b | v I obbyjet | | | | |
| I have read RSA | 15. RSA 15-B, F | RSA 14-C and RSA 664 a | and hereby swear or affir | m that the fore | egoing information is tru | ie |
| and complete to | the best of my kn | owledge and belief. | • | | | |
| (SA) | 1 | | October | 24, 2018 | | |
| (Signature of all | bbyist) | | October | (Date) | | |
| Andrewill | | | | . , | | |
| Andrew Hosm (Print Name of I | | | | | | |
| (| | | | | | |

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| II. Name of lobbyist's partn | ership, firm or corporation, if any: | | |
|--|---|--|---|
| | rategies | | |
| (Name of partner | ship, firm or corporation) | | |
| III. Name of ClientNew | Hampshire Medical Society | Date | October 24, 2018 |
| to lobbying, including fees for | fees received from the client identified above services such as public advocacy, government legislation, and related legal work. The gro | relations, | or public relations servi- |
| a) Total of all fees received in | his reporting period | a) \$ | 0.00 |
| | is calendar year, prior to this reporting period of all prior monthly reports for this calendar ye | b) \$ ear) | 60,000 |
| c) Total of all fees received to (Add lines a and b) | date | c) \$ | 60,000 |
| d) Indicate the amount of any yet been paid | such fees that are due, but have not | d) \$ | 0.00 |
| fees. Separate reports are to be the lobbyist(s)/firm that are un Expenses are to be reported in during the reporting period for individual expenses where the lunch where the cost was \$25.0 being lobbied, purchase of a ce (c) an itemized statement of each any purpose not covered by (a ceremonial object to be given restaurant expenses for a legis | hips, firms, or corporations are required to reper filed for expenditures made relative to each of the related to any one client a separate report of the cone of three categories of expenses: (a) the salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for example of or less, purchase of a pen with a value of less remonial object given to a person being lobbic the individual expenditure made during this report (for example: purchase of a meal with value to the subject of lobbying with a value greater lative reception). Expenses for honorariums in separate addendums and should not be report | client and may be file a aggregate expenses; (le: meals personant of the set with a vorting period are of greater than \$2 per expense | if expenditures are made led for the lobbyist(s)/fine total of all expenses purchased during a busing that is given to the personal of \$25.00 or less); and of greater than \$25.00 ter than \$25, purchase of the personal of t |
| support staff, and office expens | this reporting period for salaries, benefits, es, related directly or indirectly to lobbying. | a) \$ | 0.00 |
| b) I otal aggregate of expenditi in a), of \$25 or less. | ues during this reporting period, not reported | b) \$ | 0.00 |

| d) Total expenses for this reporting period (Add lines a, b and c) | d) \$ |
|---|--|
| e) Total of expenses paid this calendar year, prior to this reporting perio (This should be the amount on line f of addendum A for last month's re- | |
| f) Total of all expenses year to date | f) \$ |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made period, including by whom paid or to whom charged. | from lobbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | <u>. </u> |
| | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or is true and complete to the best of my knowledge and belief. | r affirm that the foregoing information |
| WW VIX | October 24, 2018 |
| (Signature of lobbyist) | (Date) |
| Andrew Hosmer | |
| (Print Name of lobbyist) | • |

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